

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-043433

STATE FILE NUMBER

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

49

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 27 1963

1. PLACE OF DEATH

a. COUNTY Gasconade

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Roark Twp

Length of stay in 1b

c. CITY  
OR TOWN

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1/4 mi. South of Hermann

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)

1/4 mi. South of Hermann

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ANNA

EMMA

BEREND

4. DATE  
OF DEATH

Month

Day

Year

11

15

1963

5. SEX

Female

6. COLOR OR RACE

Cau

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/8/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeper

11. BIRTHPLACE (City and state or country)

Berger, Mo

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Charles Berend

13b. MOTHER'S MAIDEN NAME

Elizabeth Kotthoff

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Speckhals, Hermann, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

20 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

(Found expired in bed in home)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

(No injury)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

No injury

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her \_\_\_\_\_  
Death occurred at about 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Hermann, Mo

22c. DATE SIGNED

11/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/18/1963

23c. NAME OF CEMETERY OR CREMATORY

St. George Cemetery

23d. LOCATION (City, town, or county)

Hermann, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc Hermann, Mo

25. DATE RECD. BY LOCAL REG.

11-16-63

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0370

2 0370

3

4 1

5 0

6

7 0

8 2

9 4201

10

11

12 90-2

13 1-0

JAN 22 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orval L. Brown

Licensed Embalmer No. 5187  
P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.